

**FILED JUL 9 1947**

Registration District No. 17 Primary Registration District No. 5632 Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Laclede  
 (b) City or town Oakland - Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 60 years years, months or days)

**3. (a) PRINT FULL NAME** William G. Berger  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** M **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** married  
**6. (b) Name of husband or wife** Isa Bacon **6. (c) Age of husband or wife if** 80 years  
**7. Birth date of deceased** Feb 1 1862  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>3</u>	<u>27</u>	_____ hr. _____ min.

**9. Birthplace** Jucorow Ohio 1  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Farmer

**11. Industry or business** \_\_\_\_\_

MOTHER FATHER

**12. Name** Samuel Berger

**13. Birthplace** Sweden 7  
 (City, town, or county) (State or foreign country)

**14. Maiden name** not known

**15. Birthplace** \_\_\_\_\_ 9  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Mr. W. P. Berger 1

**(b) Address** Oakland, Mo.

**17. (a) Burial** Libanon Cemetery **(b) Date thereof** 5/30/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Libanon Cemetery

**18. (a) Signature of funeral director** Palmer

**(b) Address** Libanon, Mo.

**19. (a) 6-28-1947** **(b) Dr. Frank Berger**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Laclede 53  
 (c) City or town Oakland - Rural 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) Citizen of foreign country? No (Yes or No) d  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 28  
 year 1947 hour 2 minute 30 A M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on May 25, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Inactivity of Bowels  
 Due to Senility

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
1623

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_  
**23. Signature** A. D. Anthony (M. D. or \_\_\_\_\_)  
**Address** Oakland, Mo. Date signed 6-20-47

7/8/47

Received .....

Laclede County Health Unit

File No. 5-47-108 .....

Date Filed 7/8/47 .....

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *P. Palmer* .....

Licensed Embalmer No. 1161 .....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**